

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 583306

FILING DATE

06/14/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	1					
5	1					
6	1					
7		1				
8	1					
9		1				
10	1					
11		1				
12	1					
13		1				
14	1	1				
15	1	1	1			
16	1	1				
17	1					
18	1					
19	4					
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50						
TOTAL IND.			2	2		
TOTAL DEP.			19	19		
TOTAL CLAIMS			21	21		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						